

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017755

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 38

FILED MAY 8 1962

VS 300
Rev. 4/59

1 1070
2 1070
3
4 0
5 1
6
7 0
8 2
9 500
10
11
12 1-0
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u>		c. CITY OR TOWN <u>Cabool Rural</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Tex. Co Memorial</u>		d. STREET ADDRESS (If outside, give location) <u>R#2 Cabool. Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>Lester</u> Middle <u>J.</u> Last <u>Mayberry</u>		4. DATE OF DEATH Month <u>4</u> Day <u>24</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 23, 1915</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Heavy Duty operator of Machinery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elk Creek Mo</u>	
13a. FATHER'S NAME <u>Fred Mayberry</u>		13b. MOTHER'S MAIDEN NAME <u>Vivie Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Annie Jewell Mayberry</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>EMBOLUS AT BIFURCATION OF AORTA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ATHEROSCLEROSIS AND ARTERIOSCLEROSIS</u>		DUE TO (c) <u>?</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>4:00</u> a.m. <u>p.m.</u> Month, Day, Year <u>4-23-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Houston</u>
21. I attended the deceased from <u>4-23-62</u> to <u>4-24-62</u> and last saw him alive on <u>4-24-62</u>		Death occurred at <u>4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>L. J. Evans</u>		22b. ADDRESS <u>Houston, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/27/1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Dykes, cem</u>		23d. LOCATION (City, town, or county) (State) <u>APPROX. West 15 mile Houston Mo</u>	
24. FUNERAL DIRECTOR <u>L. J. Evans</u>		25. DATE RECD. BY LOCAL REG. <u>May 5, 1962</u>	
ADDRESS <u>Houston Mo</u>		26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Levell C. Corning

Licensed Embalmer No.

4746

P. O. Address

Mt Hope Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.